

## VERIFICATION OF CHILD CARE EXPERIENCE

\_\_\_\_\_  
Printed name of Applicant

is applying for a Program Director position in a Child Care Facility. As part of the Delacare Requirement #83 experience in working with children in a group setting must be verified. Please complete this form and return it to:

Office of Child Care Licensing  
ATTN: Nancy Malseed or your licensing specialist  
1825 Faulkland Road  
Wilmington, DE 19805

I give my permission for my employer (past or current) receiving this request to release this information to the Office of Child Care Licensing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### TO BE COMPLETED BY EMPLOYER RECEIVING THIS REQUEST

1. Complete name of Employer/Business \_\_\_\_\_  
Address: \_\_\_\_\_

2. Dates of service for employee: From: \_\_\_\_\_ To: \_\_\_\_\_

3. Position/Title of employee: \_\_\_\_\_  
(i.e. teacher, assistant teacher, program coordinator)

4. Brief description of job duties:  
\_\_\_\_\_  
\_\_\_\_\_

5. Number of hours worked in a typical day \_\_\_\_\_ A typical week: \_\_\_\_\_ Months worked per year \_\_\_\_\_

6. Number of hours worked **directly with children** in a typical day: \_\_\_\_\_ Children's ages \_\_\_\_\_

**7. Reason for separation from service (Please Check One)**

☐ Laid-off      ☐ Resigned      ☐ Resigned in lieu of discharge

☐ Discharged      ☐ Abandoned position

☐ Other (Specify) \_\_\_\_\_

☐ Information not available (Explain) \_\_\_\_\_

I hereby swear/affirm that the information provided above is a full and complete disclosure of the facts required, and that the information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Printed name/title of person completing this form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date